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Mental Health and Resilience: Soldiers' Perceptions about Psychotherapy, Medications, and Barriers to Care in the United States Military

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### 13. SUPPLEMENTARY NOTES

### 14. ABSTRACT

Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Results from this study will provide the mental health community with valuable information about 1) Barriers to receiving mental health care in symptomatic individuals; 2) The effects those barriers have on health care utilization; 3) Beliefs about mental health and treatment preferences that can inform education and treatment planning efforts; 4) Factors associated with psychological resilience and how those factors affect healthcare utilization. Current progress includes successful IRB approval and survey development and deployment. Data collection is anticipated to occur at Fort Drum in January 2011.

### 15. SUBJECT TERMS

Resilience, Barriers to Care, Combat Deployment Adjustment

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### INTRODUCTION

A recent survey of three different groups of soldiers (N = 3,671) returning from Afghanistan and Iraq found that 11.2 -17.1% met screening criteria for a mental disorder. However, only 23-40% of those with a positive screen were interested in receiving mental health care. Research has reported perceived barriers to care in military populations, but there have not been any studies to date that demonstrate the degree to which subjective barriers translate into lack of utilization. Moreover, studies of mental health service utilization have not examined patient beliefs and perceptions, instead focusing on characteristics such as race, gender, and socio-demographic variables. To our knowledge there have not been any systematic investigations into what soldiers believe about mental health treatment. Moreover, there have been no studies examining how beliefs about treatment and etiology of psychological disorders relate to seeking professional help at a military mental health clinic and to general healthcare utilization. The intended scope of this award is to collect data from a sample (n= 3600) of Active Duty Service Members from the 10<sup>th</sup> Mountain Light Infantry Division, Fort Drum NY, who have recently returned from a deployment to Iraq or Afghanistan.

### **BODY**

The work accomplished in the last 12 months of the award included the successful obtainment of IRB approval from The Yale School of Medicine, Walter Reed Army Medical Center Department of Clinical Investigations (WRAMC DCI) and HRPO. It was determined that the WRAMC DCI was the IRB of record for this protocol. During this time period, it also was determined that the VA Connecticut Healthcare System was not engaged in research in the execution of this project and that review of the protocol by the VA Human Subjects Subcommittee was not required. Significant delays in obtaining IRB approvals included a change in WRAMC DCI policy as to the requirements for CRADA documentation for collaborative extramural research and VA policy regarding consent forms, which required amending protocol documentation prior to final approval. As the original 24 month time period of this award ended just as the IRB approval documentation was obtained, a 1-year no-cost extension was requested and granted.

Further, the survey methodology was finalized. All measures were formatted for use in a optical scanning system so that respondent's data will be read by a computer system and an electronic database will be created.

Finally, Investigator Dr. Todd Benham approached Command of the 2<sup>nd</sup> Brigade Combat Team (BCT) 10<sup>th</sup> Mountain Light Infantry regarding recruitment. The Command has approved participation in this protocol and the Investigators will have an opportunity to recruit Service Members in January 2011. The Investigators also anticipate recruiting from the 1<sup>st</sup> BCT when they return in Spring, 2011.

### Measures

The following measures will be administered in the survey:

Demographic data will be accessed from each participant's Post-Deployment Health Reassessment (PDHRA) form filled out immediately prior to participation in the survey. As race and ethnicity are not asked as part of the PDHRA, we will include an assessment item asking each participant to identify themselves as one or more of the following:

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White
- 1. Hispanic or Latino
- 2. Not Hispanic or Latino

Barriers to Care Inventory: An 11-item self-report assessment of obstacles that prevent or dissuade individuals from seeking mental health treatment. This measure assesses pressures such as lack of trust, stigma, stereotypes, finances, time-off from work, and psychological insecurity. Comparison data available for N = 6153 combat veterans, including stratified samples of soldiers who met screening criteria for psychopathology (n = 731) and those who did not (n = 5422) following deployments to Iraq and Afghanistan (Hoge et al., 2004). Approximate time to complete: 3-5 min.

Beliefs about Psychotropic Medications & Psychotherapy: A 14-item Likert scale assessment of personal beliefs about psychotropic medication and psychotherapy. Scale items were derived via confirmatory factor analysis of (n = 232) participants enrolled in the Collaborative Care for Anxiety and Panic (CCAP) study comprising community care clinics in Seattle, San Diego, and Los Angeles. Six scale items assess beliefs about medications, with the remaining eight items assessing patient beliefs about psychotherapy. Cronbach's alpha's for the medication and psychotherapy sub-scales were .71 and .82 respectively, indicating acceptable to good internal consistency (Bystritsky et al., 2005). Approximate time to complete: 3-5 min.

Connor-Davidson Resilience Scale (CD-RISC): The CD-RISC was developed as a self-report assessment of psychological resilience. The scale comprises 25 Likert scale items that assess five orthogonal resilience factors, with five items per factor (Factor 1 = personal competence; Factor 2 = trust and tolerance of negative affect; Factor 3 = acceptance of change; Factor 4 = control; Factor 5 = spiritual influences). Psychometric data was obtained from multiple samples including non-help seeking (n = 577), psychiatric outpatients (n = 43), primary care patients (n = 139), and subjects enrolled in a PTSD treatment study (n = 44). The CD-RISC was shown to have high test-retest reliability (n = 87) and good internal consistency (Cronbach's alpha n = 89). Results also revealed the CD-RISC to be sensitive to the effects of treatment, with greater therapeutic improvement marked by proportionate increases in resilience (Connor & Davidson, 2003). Approximate time to complete: 3-5 min.

Fear of Loss of Vigilance Questionnaire: The FLOV-Q was developed to evaluate the hypothesis that predisposition to PTSD is characterized more by symptoms of Nocturnal Panic (NP) compared to day-time Panic Disorder (PD). Items for this scale were derived from patient reports during administration of the Anxiety Disorders Interview Scale (ADIS-IV; Brown et al., 1994). Items with factor loadings > .30 were retained, resulting in a 14-item scale assessing the degree of anxiety or distress an individual experiences about a variety of physiological sensations associated with a loss of vigilance (e.g. drowsiness, daydreaming, fatigue, being in a daze or zoning out). The measure correlated well (r = .40) with the Posttraumatic Stress Disorder Scale (PDS; Foa, 1995) severity score index. The measure also showed good test-retest reliability (r = .77), and high internal consistency (Cronbach's alpha = .92 - .94; Tsao & Craske, 2003). Approximate time to complete: 3-5 min.

Posttraumatic Stress Checklist-Military (PCL-M): The PCL-M is a 17 item self-report assessment of PTSD symptom severity developed by the National Center for PTSD. The military version of the PCL is keyed to stressful military experiences, and corresponds to 17 items directly adapted from the DSM-IV PTSD criteria. Psychometric data was obtained from veterans of the Vietnam War as well as the Persian Gulf War. The PCL-M demonstrated good internal consistency (Cronbach's alpha = .96 and .97 respectively). Test-retest reliability over a 2-3 day period was r = .96 (Weathers & Ford, 1996). Approximate time to complete: 5-7 min.

Psychiatric Disability Attribution Questionnaire (PDAQ): The PDAQ is a 36 item Likert scale assessment of stigma and discriminatory beliefs about six different disorders or diseases (Cocaine Addiction, Mental Retardation, AIDS, Psychosis, Depression, and Cancer). The PDAQ has three empirically derived scales (Factor 1 = stability; Factor 2 = controllability; Factor 3 = pity) applicable to each of the six pathologies. The stability factor assesses the degree to which the respondent believes counseling and medication will be helpful. The controllability factor measures how much the respondent avoids individuals afflicted with each of the six pathologies, as well as how much personal blame is attributed to a given disease or disorder. Test-retest reliability for the PDAQ ranges from fair to good (r = .57 - .83; Corrigan, River, Lundin et al., 2000). For the purposes of this study, only two of the six disorders (Depression and Psychosis) were chosen for inclusion in the assessment. Additional modifications were made to the measure by replacing the word 'Cancer' with 'PTSD' to create a third scale assessing attributions about PTSD. These modifications result in an 18 item scale, with each of the three disorders comprising six questions. Approximate time to complete: 3-5 min.

Unit Support Scale: A 12 item Likert scale assessment of nature of professional relationships and cohesion between the soldier and his/her unit. Questions on this measure include "my unit was like a family to me," "I could go to most people in my unit for help when I had a personal problem," and "my superiors made a real attempt to treat me as a person." This measure is also part of the DRRI and demonstrated good internal consistency (Cronbach's alpha = .94; King, King, & Vogt, 2003). Approximate time to complete: 1-2 min.

Approximate time to complete entire battery: 30 min.

### KEY RESEARCH ACCOMPLISHMENTS

- All IRB Exemptions obtained.
- Digital scanning programming of survey completed.
- Recruitment initiated with local Command.
- A one-year no-cost extension of this award was approved.

### REPORTABLE OUTCOMES

We are now ready to execute the protocol. We anticipate successful survey data collection and data pre-processing. This award should be accomplishable in a 24 month time period.

### **CONCLUSION**

This research addresses important issues regarding Service Members' perceptions of barriers to care, resilience, and health care utilization. However, the ability to engage civilian academic, active duty, and Veterans Administration IRB bureaucracy for a timely and successful response proved to be much more difficult than originally anticipated. Indeed, there exist no mechanisms that would allow for such collaborations, as in many places this protocol encountered significant redundancies of reviews. Now that these reviews have concluded, we anticipate no further delays.

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# FORT DRUM RESILIENCE PROJECT

1. Today's Date		/		/			
	mm		dd		уу	уу	

- 2. Last Name
- 3. First Name
- 5. Last 4 Social Security Number
- 6. Ethnicity: Hispanic or Latino Yes No
- 7. Race: (check one or more) American Indian or Alaska Native
  - O Asian
  - O Black or African American
  - O Native Hawaiian or Other Pacific Islander
  - O White

## FORT DRUM RESILIENCE PROJECT

## **Section A: Perceived Barriers to Care Assessment**

Rate how each of the possible concerns might affect your decision to receive mental health counseling or services if you ever had a problem.

	Strongly DISAGREE	DISAGREE	UNSURE NEITHER AGREE NOR DISAGREE	AGREE	Strongly AGREE
1. I don't trust mental health professionals.	0	0	0	0	0
2. I don't know where to get help.	0	0	0	0	0
3. I don't have adequate transportation.	0	0	0	0	0
4. It is difficult to schedule an appointment.	0	0	0	0	0
5. There would be difficulty getting time off work for treatment.	0	0	0	0	0
6. Mental health care costs too much money.	0	0	0	0	0
7. It would be too embarrassing.	0	0	0	0	0
8. It would harm my career.	0	0	0	0	0
9. Members of my unit might have less confidence in me.	0	0	0	0	0
10. My unit leadership might treat me differently.	0	0	0	0	0
11. My leaders would blame me for the problem.	0	0	0	0	0
12. I would be seen as weak.	0	0	0	0	0
13. Mental health care doesn't work.	0	0	0	0	0
14. Psychotherapy is not effective for most people.	0	0	0	0	0
15. Being in therapy is a sign of weakness.	0	0	0	0	0
16. Therapy can help individuals overcome stressful life events.	0	0	0	0	0
17. Anxiety and depression symptoms can usually be improved with medication.	0	0	0	0	0
18. Medications for anxiety and depression do not help a person cope better.	0	0	0	0	0
19. Most medications for anxiety and depression are highly addictive.	0	0	0	0	0

Survey	Number			

## **Section B: Beliefs About Psychotherapy**

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
1. Therapy is ineffective for most people.	0	0	0	0	0
2. Therapy patients are wasting money.	0	0	0	0	0
3. Therapy often harms the patient's relationships with other people.	0	0	0	0	0
4. Being in therapy is a sign of weakness.	0	0	0	0	0
5. Therapy offers patients new and beneficial perspectives.	0	0	0	0	0
6. Therapy is unhealthy because patients usually become dependent on their relationships with the therapist.	0	0	0	0	0
7. Therapy can help individuals overcome stressful life events.	0	0	0	0	0
8. Therapy can be a healthy experience for anyone.	0	0	0	0	0

## **Section C: Beliefs About Medications**

Please indicate the degree to which you personally AGREE or DISAGREE with each statement.

	Strongly DISAGREE	DISAGREE	Neutral	AGREE	Strongly AGREE
Anxiety and Depression symptoms can usually be improved with medication.	0	0	0	0	0
Medications are an important part of the treatment of anxiety and depression.	0	0	0	0	0
Medications for anxiety and depression can help a person feel better physically.	0	0	0	0	0
4. People with anxiety should avoid taking medications to help their anxious problems.	0	0	0	0	0
5. Medications for anxiety and depression do not help a person cope better.	0	0	0	0	0
6. Most medications for anxiety and depression are highly addictive.	0	0	0	0	0

Survey Number			
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## Section D: Connor- Davidson Resilience Scale (CD-RISC)

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

particular situation has not occurred recently, answer accordin					Tour No. 1
	Not At All True	Rarely True	Sometimes True	Often True	True Nearly All the Time
1. I am able to adapt when changes occur.	0	0	0	0	0
2. I have at least one close and secure relationship which helps me when I am stressed.	0	0	0	0	0
3. When there are no clear solutions to my problems, sometimes fate or God can help.	0	0	0	0	0
4. I can deal with whatever comes my way.	0	0	0	0	0
5. Past successes give me confidence in dealing with new challenges and difficulties.	0	0	0	0	0
6. I try to see the humorous side of things when I am faced with problems.	0	0	0	0	0
7. Having to cope with stress can make me stronger.	0	0	0	0	0
8. I tend to bounce back after illness, injury, or other hardships.	0	0	0	0	0
9. Good or bad, I believe that most things happen for a reason.	0	0	0	0	0
10. I give my best effort, no matter what the outcome may be.	0	0	0	0	0
11. I believe I can achieve my goals, even if there are obstacles.	0	0	0	0	0
12. Even when things look hopeless, I don't give up	0	0	0	0	0
13. During times of stress/crisis, I know where to turn for help.	0	0	0	0	0
14. Under pressure, I stay focused and think clearly.	0	0	0	0	0
15. I prefer to take the lead in solving problems, rather than letting others make all the decisions	0	0	0	0	0
16. I am not easily discouraged by failure.	0	0	0	0	0
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	0	0	0	0	0
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	0	0	0	0	0
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger	0	0	0	0	0
20. In dealing with life's problems, sometimes you have to act on a hunch, without knowing why.	0	0	0	0	0
21. I have a strong sense of purpose in life.	0	0	0	0	0
22. I feel in control of my life.	0	0	0	0	0
23. I like challenges.	0	0	0	0	0
24. I work to attain my goals, no matter what roadblocks I encounter along the way.	0	0	0	0	0
25. I take pride in my achievements.	0	0	0	0	0

Survey Number			

# Section E: FLOVQ

Please rate each item even if you would not actually allow yourself to have that experience.

0 0		•	ou experience <b>drows</b> i	ness?
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0 1	<i>.</i>	4	5 6 /	8
No	Mild	Moderate	Severe	Extreme
distress/	distress/	distress/	distress/	distress/
fear/ anxiety	fear/ anxiety	fear/anxiety	fear/anxiety	fear/anxiety
2 How much distress	s/anxiety/fear do you	u experience when	zoning or spacing out?	
O O		•		
	2 2	1	5 6 7	. 0
0 1	2 3	4	3 / /	o
No	Mild	Moderate	Severe	Extreme
distress/	distress/	distress/	distress/	distress/
fear/ anxiety	fear/ anxiety	fear/anxiety	fear/anxiety	fear/anxiety
3. How much distress	s/anxietv/fear do voi	u experience <b>not be</b>	ing wide awake?	
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0 1	2	Madauata	S /	Futurence
No 	Mild	Moderate	Severe	Extreme
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fear/ anxiety	fear/ anxiety	fear/anxiety	fear/anxiety	fear/anxiety
4. How much distress	s/anxiety/fear do you	u experience <b>feelin</b> g	disconnected from yo	ourself?
0 0		•		
0 1	2 3	4	5 6 7	8
No	Mild	Moderate	Savara	Futuama
			Severe	Extreme
distress/	distress/	distress/	distress/	distress/
fear/ anxiety	fear/ anxiety	fear/anxiety	fear/anxiety	fear/anxiety
5. How much distress	s/anxiety/fear do you	u experience <b>"missi</b>	ng" things in conversa	tions?
5. How much distress	s/anxiety/fear do you	•	ng" things in conversa	
		•		
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01 No	23 Mild	4	5 6 7 Severe	2
0 1 <b>No</b> distress/	2 3  Mild  distress/	4	5 6 7  Severe  distress/	Extreme distress/
01 No	23 Mild	4	5 6 7 Severe	2
0 1 <b>No</b> distress/	23  Mild  distress/ fear/ anxiety	Moderate distress/ fear/anxiety	5	Extreme distress/
0 1  No distress/ fear/ anxiety	23  Mild  distress/ fear/ anxiety	Moderate distress/ fear/anxiety  u experience being	5	Extreme distress/ fear/anxiety
0 1  No distress/ fear/ anxiety  6. How much distress	Mild distress/ fear/ anxiety  s/anxiety/fear do you	Moderate distress/ fear/anxiety  u experience being	Severe distress/ fear/anxiety in a daze?	Extreme distress/ fear/anxiety
0 1  No distress/ fear/ anxiety  6. How much distress 0 0 1	Mild distress/ fear/ anxiety  s/anxiety/fear do you 2	Moderate distress/ fear/anxiety  u experience being  4	Severe distress/ fear/anxiety  in a daze?  567	Extreme distress/ fear/anxiety
0 1  No distress/ fear/ anxiety  6. How much distress 0 0 1 No	Mild distress/ fear/ anxiety  s/anxiety/fear do you 2	Moderate distress/ fear/anxiety  u experience being  Moderate	Severe distress/ fear/anxiety  in a daze?  Severe	Extreme distress/ fear/anxiety
0 1  No distress/ fear/ anxiety  6. How much distress 0 1 No distress/	Mild distress/ fear/ anxiety  s/anxiety/fear do you 2	Moderate distress/ fear/anxiety  u experience being  Moderate distress/	Severe distress/ fear/anxiety  in a daze?  Severe distress/ fear/anxiety	Extreme distress/ fear/anxiety   Extreme distress/
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0 1  No distress/ fear/ anxiety  6. How much distress  0 1  No distress/ fear/ anxiety	Mild distress/ fear/ anxiety/fear do you 2	Moderate distress/ fear/anxiety  u experience being  4  Moderate distress/ fear/anxiety	Severe distress/ fear/anxiety  in a daze?  Severe distress/ fear/anxiety	Extreme distress/ fear/anxiety
0 1  No distress/ fear/ anxiety  6. How much distress 0 1 No distress/ fear/ anxiety  7. How much distress	Mild distress/ fear/ anxiety/fear do you 2	Moderate distress/ fear/anxiety  u experience being  4  Moderate distress/ fear/anxiety	Severe distress/ fear/anxiety  in a daze?  Severe distress/ fear/anxiety	Extreme distress/ fear/anxiety
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0 1  No distress/ fear/ anxiety  6. How much distress 0 1  No distress/ fear/ anxiety  7. How much distress or related drugs? 0 1  No	Mild distress/ fear/ anxiety  s/anxiety/fear do you  2	Moderate distress/ fear/anxiety  u experience being  Moderate distress/ fear/anxiety  u experience become	Severe distress/ fear/anxiety  in a daze?  Severe distress/ fear/anxiety  severe distress/ fear/anxiety  sing drowsy after taking  Severe	Extreme distress/ fear/anxiety  Extreme distress/ fear/anxiety  Extreme distress/ fear/anxiety  ag an antihistamine  Extreme  Extreme  Extreme
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# Section E: FLOVQ continued

0	O O	0	0	0	0	0	0
0 No	Mild	3	4 Moderate	5	Severe	/	Extreme
distress/	distress/		distress/		distress/		distress/
fear/ anxiety	fear/ anxiety		fear/anxiety		fear/anxiety		fear/anxiety
——————————————————————————————————————			Tear/anxiety				
How much dist	tress/anxiety/fear d	lo you e	experience who	en <b>day</b> o	dreaming?		
0	o o 12	3	4	O 5	6	7	8
No	Mild		Moderate		Severe		Extreme
distress/	distress/		distress/		distress/		distress/
fear/ anxiety	fear/ anxiety		fear/anxiety		fear/anxiety		fear/anxiety
D. How much di	stress/anxiety/fear	do you	experience <b>nc</b>	dding	off during the	day?	
0	0 0	0		0	0	0	0
0	1 2	3	4	5	6	7	8
No	Mild		Moderate		Severe		Extreme
distress/	distress/		distress/		distress/		distress/
fear/ anxiety	fear/ anxiety		fear/anxiety		fear/anxiety		fear/anxiety
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0	1 2	3	4	5		/	8
NI.	64:14		NA - d		C		Franking and a
No	Mild		Moderate		Severe		Extreme
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_							
distress/ fear/ anxiety	distress/		distress/ fear/anxiety	ot being	distress/ fear/anxiety	f your :	distress/ fear/anxiety
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Survey Number			

## **Section F: PCL-M**

Below is a list of problems and complaints that people sometimes have in response to stressful military experiences. Please read each one carefully, then fill in the circle that indicates how much you have been bothered by that problem in the PAST MONTH.

In the PAST MONTH, have you been bothered by	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing <i>memories</i> , thoughts, or images of a stressful military experience from the past?	0	0	0	0	0
2. Repeated, disturbing <i>dreams</i> of a stressful military experience from the past?	0	0	0	0	0
3. Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it)?	0	0	0	0	0
4. Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience from the past?	0	0	0	0	0
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful military experience from the past?	0	0	0	0	0
6. Avoiding thinking about or talking about your stressful military experience or avoiding having feelings related to it?	0	0	0	0	0
7. Avoiding <i>activities</i> or <i>situations</i> because they reminded you of your stressful military experience?	0	0	0	0	0
8. Trouble <i>remembering important parts</i> of a stressful military experience?	0	0	0	0	0
9. Loss of interest in activities that you used to enjoy?	0	0	0	0	0
10. Feeling <i>distant</i> or cut off from other people?	0	0	0	0	0
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	0	0	0	0	0
12. Feeling as if your <i>future</i> somehow will be cut short?	0	0	0	0	0
13. Trouble falling or staying asleep?	0	0	0	0	0
14. Feeling <i>irritable</i> or having angry <i>outbursts</i> ?	0	0	0	0	0
15. Having difficulty concentrating?	0	0	0	0	0
16. Being "super alert" or watchful or on guard?	0	0	0	0	0
17. Feeling <i>jumpy</i> or <i>easily</i> startled?	0	0	0	0	0

## **Section G: PDAQ**

Please indicate your level of agreement/disagreement with each of the following sentences.

1. I believe that persons with Posttraumatic Stress Disorder (PTSD) are to blame for their problems.

Agree

Disagree

2. I think that persons with psychosis are likely to benefit from counseling.

Agree

3. I believe that persons with depression are to blame for their problems.

Agree Disagree

Disagree

4. I feel sorry for persons with depression.

Agree Disagree

5. I think that persons with depression will recover.

Disagree

6. I feel sorry for persons with PTSD.

Agree

Agree

Disagree

Disagree

7. I think that persons with PTSD will recover.

Agree

8. I avoid persons with psychosis.

Agree

Disagree

9. I think that persons with PTSD are likely to benefit from counseling.

Agree

 Disagree

Survey Numb	er		

## **Section G: PDAQ continued**

10. I believe that persons	with psychosis are	likely to benefit from	medicine.
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O O O O O O O Agree Disagree

11. I think that persons with psychosis will recover.

O O O O O O O Agree Disagree

12. I avoid persons with depression.

O O O O O O 1 2 3 4 5 6 7 Agree Disagree

13. I believe that persons with depression are likely to benefit from medicine.

O O O O O O O 1 2 3 4 5 6 7 Agree Disagree

14. I think that persons with depression are likely to benefit from counseling.

15. I believe that persons with PTSD are likely to benefit from medicine.

O O O O O O 1 2 3 4 5 6 7 Agree Disagree

16. I avoid persons with PTSD.

17. I believe that persons with psychosis are to blame for their problems.

18. I feel sorry for persons with psychosis.

O O O O O O 1 2 3 4 5 6 7 Agree Disagree

## **SECTION H: UNIT SUPPORT**

The statements below are about your relationships with other military personnel while you were deployed. Please read each statement and describe how much you agree or disagree by filling in the circle that best fits your answer.

	Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1. My unit was like family to me.	0	0	0	0	0
I felt a sense of camaraderie between     myself and other soldiers in my unit.	0	0	0	0	0
3. Members of my unit understood me.	0	0	0	0	0
4. Most people in my unit were trustworthy.	0	0	0	0	0
5. I could go to most people in my unit for help when I had a personal problem.	0	0	0	0	0
6. My commanding officer(s) were interested in what I thought and how I felt about things.	0	0	0	0	0
7. I was impressed by the quality of leadership in my unit.	0	0	0	0	0
8. My superiors made a real attempt to treat me as a person.	0	0	0	0	0
9. The commanding officer(s) in my unit were supportive of my efforts.	0	0	0	0	0
10. I felt like my efforts really counted to the military.	0	0	0	0	0
11. The military appreciated my service.	0	0	0	0	0
12. I was supported by the military.	0	0	0	0	0

## **SECTION I: RELATIONSHIPS WITHIN UNIT**

The next set of questions is also about your relationships with other military personnel while deployed. Please describe how often you experienced each circumstance by filing in the circle that best fits your answer.

While I was deployed, unit leaders or other unit members:	Never	Once or Twice	Sometimes	Many Times
1treated me in an overly critical way.	0	0	0	0
behaved in a way that was uncooperative when working with me.	0	0	0	0
3 treated me as if I had to work harder than others to prove myself.	0	0	0	0
uestioned my abilities or commitment to perform my job effectively.	0	0	0	0
5 acted as though my mistakes were worse than others.	0	0	0	0
6tried to make my job more difficult to do.	0	0	0	0
7"put me down" or treated me in a condescending way.	0	0	0	0
8 gossiped about my sex life or spread rumors about my sexual activities.	0	0	0	0
9made crude and offensive sexual remarks directed at me, either publicly or privately.	0	0	0	0
10offered me some sort of reward or special treatment to take part in sexual behavior.	0	0	0	0
11threatened me with some sort of retaliation for not being sexually cooperative (for example, the threat of a negative review, physical violence, or to ruin my reputation).	0	0	0	0
12made unwanted attempts to stroke or fondle me (for example, stroking my leg or neck).	0	0	0	0
13made unwanted attempts to have sex with me.	0	0	0	0
14forced me to have sex.	0	0	0	0

### **Section J: DEPLOYMENT CONCERNS**

The statements below are about the amount of danger you felt you were exposed to while you were deployed. Please read each statement and describe how much you agree or disagree with each statement by filling the circle in the column that best fits your answer.

During my deployment		Strongly DISAGREE	Somewhat DISAGREE	NEITHER AGREE NOR DISAGREE	Somewhat AGREE	Strongly AGREE
1.	I thought I would never survive.	0	0	0	0	0
2.	I felt safe.	0	0	0	0	0
3.	I was extremely concerned that the enemy would use nuclear, biological, chemical agents (NBCs) against me.	0	0	0	0	0
4.	I felt that I was in great danger of being killed or wounded.	0	0	0	0	0
5.	I was concerned that my unit would be attacked by the enemy.	0	0	0	0	0
6.	I worried about the possiblility of accidents (for example, friendly fire or training injuries in my unit).	0	0	0	0	0
7.	I was afraid I would encounter a mine or booby trap.	0	0	0	0	0

Thank you for completing this survey.